MODEL REQUEST FOR PROPOSAL (RFP) TO PROCURE INSURANCE

The following Request for Proposal (RFP) format may be used when the buyer does not know the specific type and amount of insurance needed. Prior to soliciting bids, however, CSBs should review the coverage available through the Division of Risk Management. See Section 35.300 of the <u>CSB Procurement Procedure Manual</u>. The General Terms and Conditions, as well as any Special Terms and Conditions that may be needed, must be added to this RFP.

To access the CSB Procurement Procedure Manual:

www.dmhmrsas.virginia.gov

Admin & Business

Procurements

Procurement Information – Office of Administrative Services

CSB Purchasing Information

MODEL RFP TO PROCURE INSURANCE

(NAME OF CSB)

REQUEST FOR PROPOSAL: INSURANCE SERVICES

issue date
RFP #:
The purpose of this Request for Proposal (RFP) is to contract with one insurance agent (Contractor) to obtain the insurance coverages outlined herein for the (Name of CSB). The period of the contact is for three (3) consecutive years beginning with the fiscal year July 1, 20 and ending with fiscal year June 30, 20 Additionally, the Contractor is to arrange for loss control services and other support as part of the insurance coverage. Agent of record letters will be provided after the contract has been awarded.
Renewals: Two (2) one-year renewals, thereafter, if mutually agreed.
Sealed Bids will be received until (Date and Time) for furnishing the goods described herein and then opened in public.
All inquiries for information should be directed to: (Name and Title of Official) (Address) (Telephone)
The proposal should be mailed or delivered directly to: (Indicate Name and address).
A/An (mandatory) (optional) pre-proposal conference will be held onato'clock at (Location and Address) . Refer to Paragraph 3.0 herein. In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods at the price indicated in the
Quotation Section 7.0.
Name and Address of Firm:
Date:
By:
Signature in Ink
Title:
Zip Code Telephone Number: ()
Title: Zip Code Telephone Number: () FEI/FIN No FAX Number: ()
* Contractor DOES DOES NOT consider his firm to be a minority owned business.
* Contractor IS IS NOT certified as a minority business by the Virginia Dept. of Minority Business Enterprise.

* Optional Information: Minority contractors are encouraged to submit bids; however, minority status does not influence award.

MODEL RFP TO PROCURE INSURANCE

1.0	PURPOSE : The purpose of this Request for Proposal (RFP) is to contract with
	one insurance agent (Contractor) to obtain the insurance coverages outlined
	herein. Additionally, the Contractor is to arrange for loss control services and
	other support as part of the insurance coverage. Agent of record letters will be
	provided after the contract has been awarded.

2.0	BACKGROUND: Community Services Board (CSB) provides menta health, mental retardation and substance services to persons in the city/county area. Information per the exhibits below should be provided.
	Exhibit A outlines the current and previous insurance coverages. The current insurance agent is
	Exhibit B is a listing of the property currently owned or occupied.
	Exhibit C is a list of the staff employed or under contract.
	Exhibit D is a list of the automobiles owned or leased.

- **3.0 STATEMENT OF NEEDS**: It is desired that the Contractor provide insurance coverage and related services based on the information in this RFP.
 - 3.1 Insurance Requirements:
 - 3.1.1 Property insurance on items listed in Exhibit A. Coverage is to protect against risk of direct physical loss. Property coverage will also protect against the need for additional expense in the event of loss or the loss of income resulting from direct physical loss. This coverage is to include electronic data processing equipment. Coverage is to be blanket on all real and personal property with an agreed amount endorsement. The per occurrence deductible is to be \$1,000. Higher deductibles may be considered if justified.
 - 3.1.2 Fidelity and crime coverage to protect against loss caused by employee infidelity. The limit is to be determined following receipt of Offeror's recommendations.
 - 3.1.3 Workers' compensation to comply with the statutory requirements of the Commonwealth of Virginia.
 - 3.1.4 Valuable papers and records coverage to pay for the cost of restoration and reconstruction of important documents.
 - 3.1.5 Power equipment and machinery coverage to protect against physical damages to and loss of use of equipment which generates, transmits or uses energy. The deductible for this coverage should be concurrent with the property deductible.

- 3.1.6 Automobile coverage to protect against liability imposed by law for losses resulting from the operation of owned, leased or rented vehicles. Additionally, physical damage to the vehicles should be included.
- 3.2 Claims Adjustment Services: The agent must represent CSB interest in resolving disputed claims. If adjusters other than company adjusters are to be used on claims this should be disclosed in the proposal.
- 3.3 Loss Control and Related Services: These include:
 - 3.3.1 Technical assistance for new construction or renovation of existing facilities. This may include plans review as well as on-site surveys.
 - 3.3.2 Periodic loss control surveys, including development of recommendations to prevent the frequency and/or reduce the severity of losses.
 - 3.3.3 Assistance in developing crises management and contingency plans.
 - 3.3.4 Assistance in determining the insurable replacement cost value of buildings.
 - 3.3.5 Provide loss control training as the needs are determined for CSB staff to receive such.

4.0 REPORTING AND DELIVERY REQUIREMENTS:

- 4.1 <u>Coverage Recommendations</u>: No less than sixty days prior to the expiration or anniversary of any existing coverage, the Contractor will present recommendations concerning the renewal or anniversary.
- 4.2 <u>Binders and Policies</u>: It is desired that the Contractor provide binders or other evidence of insurance with five working days of the effective date of any insurance policies. These should outline coverages, including limits and deductibles. One copy of the policy shall be delivered by the CSB no later that thirty days after the initial or anniversary date of any coverage. Endorsements to any policy should be delivered within thirty days of agreement on the endorsement.
- 4.3 Review Requirements: The Contractor shall meet with the CSB when each policy is delivered and no less than 120 days prior to the renewals/anniversary of any policy. These meetings are to review exposures, coverage, premiums, losses and other items to verify the adequacy of insurance in anticipation of policy renewal or anniversary.
- 4.4 <u>Loss Control Reports</u>: Reports should be submitted to the CSB within thirty days of the completion of any survey unless otherwise agreed upon.

5.0 PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS

- 5.1 <u>General Instructions</u>: (Refer to Model RFP, Appendix D-1 of the *CSB Procurement Procedure Manual*)
- 5.2 <u>Specific Requirements</u>: Proposals should be as thorough and detailed as possible so that the CSB may properly evaluate the services. Offerors are required to submit the following items as a complete proposal:
 - 5.2.1 The return of the RFP cover sheet and all addenda acknowledgements, signed and completed as required.
 - 5.2.2 A narrative statement as to the offeror's qualifications to perform the work listed in the Statement of Needs. In addition, if the offeror anticipates using a subcontractor(s), the same information must be submitted concerning the proposed subcontractor(s). This narrative must address the following:
 - 5.2.2.1 Description of the background and experience of the offeror and any proposed subcontractor(s). This should include the number of years performing this service. Current annual reports should be included.
 - 5.2.2.2 Names, addresses, telephone numbers and individual contacts of at least three current accounts of similar size and complexity handled by the offeror and subcontractor(s) servicing office.
 - 5.2.2.3 Resumes of staff personnel to be assigned to this contract. This should describe their anticipated roles in serving the account. Include an organizational chart showing internal relations as well as relations with any subcontractors or insurers.
 - 5.2.2.4 If more than one program of coverages is being submitted by one offeror, the advantages and disadvantages of the different approaches as well as the offeror's recommendations and related justifications must be included.
 - 5.2.3 Proposed scope of work of the offeror's implementation and performance of the contract. Proposal should include:
 - 5.2.3.1 Proposed insurance coverage forms with justification for each.
 - 5.2.3.2 Claims handling procedures and guidelines, including claim-reporting thresholds.
 - 5.2.3.3 Proposed outline and schedule for any training.
 - 5.2.3.4 Proposed outline and schedule of loss control support and services to be provided. This should include projected time

frames to initiate surveys, hours of service to be provided, education and training time, assistance required from _____ and related items.

- 5.2.4 Cost of insurance and related services for each coverage. All charges must incorporate routine office and administrative charges including, but not limited to postage, travel, photographic, office supplies, telephone charges, issuing certificates of insurance, report preparation and typing, etc.
- **6.0 EVALUATION AND AWARD CRITERIA:** Proposals will be evaluated using the following criteria:
 - 6.1 Qualifications of offeror and proposed subcontractor(s).
 - 6.1.1 Experience in providing the desired insurance and related services.
 - 6.1.2 Personnel qualifications and experience of the offeror and subcontractor(s)'s staffs.
 - 6.1.3 References.
 - 6.2 Proposed scope of coverage and work.
 - 6.2.1 Proposed insurance coverages.
 - 6.2.2 Proposed claims handling procedures and support
 - 6.2.3 Proposed loss control support.
 - 6.3 Proposed costs.
 - 6.3.1 Proposed insurance coverage costs.
 - 6.3.2 Other charges (if any).
- **6.0 MANDATORY (OPTIONAL) PROPOSAL CONFERENCE:** A/An (optional) mandatory pre-proposal conference will be held at (**time and date**) at the (**Location**). The purpose of this conference is to allow potential offerors an opportunity to present questions and obtain clarification relative to any facet of this solicitation.

Due to the importance of all offerors having a clear understanding of the scope of work and requirements of this solicitation, attendance at this conference will be a prerequisite for submitting a proposal. Proposals will only be accepted from those offerors who are represented at this pre-proposal conference. Attendance at the conference will be evidenced by the representative's signature on the attendance roster. No one will be admitted after (time). Bring a copy of the solicitation with you. Any changes resulting from this conference will be issued in a written addendum to the solicitation.

7.0 METHOD OF PAYMENT: Compensation to the Contractor for insurance and other services will be in the form of commissions for placement of insurance. Invoices for all insurance coverages provided will be delivered with the policies or endorsements. Payment frequency on other than an annual basis will be considered.

EXHIBIT A

Coverage History

This exhibit should contain at least three years history of insurance coverage. Items to be listed are insurance companies providing coverage, policy limits, deductibles, premiums and losses. If there have been no losses, this should be stated. Loss history should include the date of occurrence, amount of loss, location of occurrence, cause and extent of injury or damage. Information on current litigation may not be available and this should be so stated.

Often coverages are arranged as a "package policy". As much as possible, loss experience of the different elements of the "package" should be broken out. This should be arranged by:

- Property
- General Liability
- Professional Liability
- Fidelity/crime
- Workers' Compensation
- Valuable papers and records
- Power equipment and machinery (boiler and machinery coverage)
- Automobile coverage
- Others as purchased

EXHIBIT B

Property Exposures

This should be a list of the buildings owned or occupied by the CSB. This allows evaluation of the property, power equipment and some liability exposures. Items to be included:

- Building name (if any)
- Street address (not P. O. Box)
- Values of owned buildings to be insured. Do not include land costs.
- Contents values. This should provide a breakout of IT equipment.
- Rental values received by the CSB from tenants in any buildings or paid to any leasor in which the CSB is a tenant. Also to be included are estimates of costs for CSB to operate from existing building use (office, apartment, clinic, storage, etc.)
- Number of stories.
- Any loss detection or suppression in the building (smoke or heat alarms, burglar alarms, automatic sprinkler systems).

- Year building was constructed. If there has been significant renovation since construction, the year and extent of renovation should be described.
- Rental values received by the CSB from tenants in any buildings or paid to any leasor in which CSB is a tenant. Also to be included are estimates of costs for CSB to operate from existing facilities in the event those facilities cannot be occupied.
- If there are records essential to CSB operations, which would be difficult to reconstruct or replace, these should be identified and shown as a separate item from the contents. If these have been duplicated and copies stored elsewhere, this information should be included.

EXHIBIT C

Staffing

This shows the CSB organization, functions, job titles, and number of persons in each job and reporting relationships. Volunteers and part-time employees should be identified. This assists evaluation of liability, workers' compensation and fidelity exposures.

EXHIBIT D

Automobile Exposures

This is a list of all automobiles to be insured. Information needed is the year, make, model, vehicle identification number and approximate annual mileage of each vehicle. If employees use their own automobiles, coverage for hired and non-owned automobiles should be included. If physical damage coverage is to be included, the original new cost of the vehicles is needed.

INITIAL PROPOSAL EVALUATION CRITERIA

<u>Instructions</u>: Each proposal received should be evaluated based on the following criteria. Proposals received after the deadline will not be opened. The CSB reserves the right to return unopened proposals to the offeror or to properly discard. Proposals opened and subjected to the criteria below shall belong exclusively to the [insert name of CSB]. These proposals and supporting documentation for evaluating such proposals will be maintained by the [insert name of CSB] based on the [insert name of CSB] retention policy.

Offero	r's Name:			
	Address:			
Contac	ct Person:			
Telep	hone No.:			
D	ate Recd.			
Eva	luated By:			
NO.		EVALUATION CRITERIA	YES	NO
1	Was the pro	oposal received by the deadline?		
2	Was the pro	oposal delivered to the correct address?		
3	Was the pro	oposal signed by an authorized representative and dated?		
4	Did the offer Comments:	eror submit one original and five copies of the proposal?		
5	A. Title Pa	opposal present all information as requested per below: age showing RFP subject, name of proposer's firm, local s, telephone number, name of contact, and date?		
		f Contents?		
	Comments:			
6		tter of Transmittal include the following:		
		of firm, number of years in business and size of firm?		
		ent by prospective auditor of his/her understanding of the		
		be performed?		
	C. Refere	nce to provisions in the Scope Section of the RFP?		
	procedu	escription of the audit approach and illustrations of the res to be employed?		
	fieldwo			
	auditor's	mate dates for delivery of the financial statements and/or s reports?		
	designa	phies including experience, education, professional tion, and professional affiliations of the individuals who will ned to the engagement?		

H. Names, addresses, and telephone numbers of contact persons?	
A copy of the firm's most recent peer review?	
Overall Comments:	

INTERVIEW QUESTIONS

Nar	me of Firm:		
	me of Rater:		
1.	What qualification	ns do you have that make you uniquely appropriate to this job?	
2.	Explain/describe performed. How	your work experience with other governmental jobs that you have	/e
3.		ufficient staff available during July to September to perform this job ar hedule deadline? Who will be the principal staff assigned to the	
4.	What is the larg complete?	gest budget/set of books which you have audited? Length of time	to
	•		
5.		ur staff assigned to this job have sufficient continuing education hours a ing federal funds?	as
6.	What assistance	or preparation do you need from us:	

7.	How soon can you get started?
8.	Can you give an estimate of how you would price this audit? Can you also give us a estimated range of the audit fee for this engagement?
9.	Why do you think your firm deserves this engagement?
10	. Is there anything you would like to add or want from us?

CRITERIA FOR AUDITOR SELECTION

Name of Firm:	
Name of Rater:	

<u>Instructions</u>: This form should be completed for each firm that is interviewed to provide audit services per the <u>REQUEST FOR PROPOSALS</u>. The rater should assign a score for each criterion listed below. The raw score should range from 1 (lowest) to 10 (highest). The raw score should be multiplied by the weighted percent to obtain the net score. Consideration should be given to the firm that obtains the highest TOTAL NET SCORE. ALL documentation should be maintained based on the CSBs retention policy.

RAW SCORE 1 (LOWEST) – 10 (HIGHEST)

	ONE I (E		10 (HIGHEOT)
Raw	%	Net	
Score	Wgt.	Score	CRITERIA
	25%		1. Skill, experience and training of the individuals who will be performing the services
	20%		2. Auditor's understanding of the CSB's system of accounting obtained through prior experience or discussion with appropriate CSB staff
	20%		3. Prior experience and reputation of the auditor in auditing government units similar to CSB
	15%		4. Ability to complete the audit and submit the financial statements to the DMHMRSAS by the required deadline
	10%		5. Size of budgets for other audits performed comparable to the CSB's budget

	5%		6. Recent experience relevant to CSB's level of work expected
	5%		7. Professional appearance and courteous staff.
Total Raw Score	Total Wgt. %	Total Net Score	
	100%		

Other options to be considered:

- 1. Criteria met in RFP (refer to PROPOSAL EVALUATION CRITERIA)
- 2. References

COMMENTS:		

Model Notice of Intent to Award

COMMUNITY SERVICES BOARD

PUBLIC NOTICE

NOTICE OF INTENT TO AWARD

DATE AND TIME:	(Date and Time Posted)	
SERVICE (PRODUCT):	(Title of IFB or RFP)	
SOLICITATION NUMBER:		
INTENDED CONTRACTOR:	(Name) (Address)	
AMOUNT:	(Dollar Amount of Award, if applicable)	
CONTRACT OFFICER:	(Name) (Phone Number)	
REMOVED: (Date, Time, Initial)		
(NOTE: Notice of Intent to Award should be posted on the procurement bulletin board for at least 10 days.)		

STANDARD CONTRACT FORM

STANDARD CONTRACT

017111271112	<u> </u>
Contract #	
This contract entered into this (Date) day of (hereinafter called the Contractor and Board, hereinafter called the "Purchaser".	
WITNESSETH that the Contractor and the I covenants, promises and agreements here follows:	
SCOPE OF SERVICES: The Contractor shall Contract Documents.	I provide the Purchaser as set forth in the
PERIOD OF PERFORMANCE: From date of through (Expiration Date).	f final execution (or actual inception date)
COMPENSATION AND METHOD OF PAYM Purchaser within 30 days after each invoice of	•
CONTRACT DOCUMENTS: The contract contract, the description or scope of work specifications, and other data contained in the (Solicitation Number), dated (Date of Solicit together with all written modification thereo Contractor dated (Date of Contractor's Bid or are incorporated herein.	, general conditions, special conditions, e Invitation for Bids/Request for Proposals ation - normally the date it was issued), f and the bid/proposal submitted by the
IN WITNESS WHEREOF, The parties have intending to be bound thereby.	caused this Contract to be duly executed
(Contractor's Name)	(Name of CSB)
By:	By:
Title:	Title:
Date:	Date: